



ARTICLES OF REGISTRATION FOR A LIMITED LIABILITY PARTNERSHIP (LLP)

State Form 51572 (1-04)

Approved by State Board of Accounts, 2004

TODD ROKITA
SECRETARY OF STATE
CORPORATE DIVISION
302 W. Washington Street, Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.
Present original and one copy to the address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

Indiana Code 23-1-18-3
FILING FEE: \$90.00

ARTICLE I: NAME AND PRINCIPLE OFFICE OF LIMITED LIABILITY PARTNERSHIP

a. The following is the name of the Limited Liability Partnership:

- (Please note pursuant to *Indiana Code 23-4-1-1*, this name must include the words "Limited Liability Partnership", "L.L.P.", or "LLP.")

b. The following is the address of the Limited Liability Partnership's Principal Office:

Street Address	City	State	Zip Code
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ARTICLE II: REGISTERED AGENT AND REGISTERED OFFICE OF LIMITED LIABILITY PARTNERSHIP

a. The following are the name and business address of the Limited Liability Partnership's Registered Agent:

Name of Registered Agent			
Address of Registered Agent (street or building)	City	Indiana	Zip Code

b. The following is the street address of the Limited Liability Partnership's Registered Office: (must be identical to the Registered Agent's business address above)

Address of Registered Office (street or building)	City	Indiana	Zip Code
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ARTICLE III: STATEMENT OF PURPOSE OF LIMITED LIABILITY PARTNERSHIP

Please give a brief statement describing the business in which the Limited Liability Partnership is engaged:

In Witness Whereof, the undersigned being an officer or other duly authorized representative of the above-states partnership acknowledges that these Articles of Registration are evidence of the partnership's intention to act as a Limited Liability Partnership. Furthermore the undersigned executes these Articles of Registration for a Limited Liability Partnership and verifies, subject to penalties of perjury, that the statements contained herein are true,

this _____ day of _____, 20_____.

Signature	Printed Name
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